New Jersey State Department of Education Office of Licensure and Credentials

NON-CITIZEN OATH OF ALLEGIANCE

IMPORANT: This form is to be completed by only those individuals who are NOT U.S. citizens.

| A. Please print your name as it appears on any documentation that you are required to submit. | | | | |
|---|---------------------------------------|-------------------------------------|--|--|
| Last Name | First Name | Middle Name/Initial | | |
| | | | | |
| | | | | |
| Street Address | | | | |
| Street Address | | | | |
| | | | | |
| | | | | |
| City | State | Zip | | |
| | | | | |
| | | | | |
| Carial Canada Namban | Date Month D | av Year | | |
| Social Security Number | Date Month D | ay Year | | |
| | Birth | | | |
| | | | | |
| E-mail Address | Phone Area Code | | | |
| | Number / S/ | | | |
| | PERTY AND TROSPETITY | | | |
| Endorsement Information. Please enter the code and print the name of the endorsement for which you or applying. | | | | |
| Endorsement Code Endorsement Name | | | | |
| | | | | |
| | | | | |
| | | | | |
| B. Oath of Allegiance | | | | |
| Oath to support the institutions of the United States (to be subscribed to by non-citizens pursuant to N.J.S.A. 18A: 26-9). | | | | |
| I, do solemnly swear, (or affirm) that, during the period of my employment, I will | | | | |
| support the Constitution of the United States and the Constitution of the State of New Jersey. | | | | |
| | | | | |
| C. Certification | | | | |
| Responses to the following two questions are mandatory. Fair | lure to complete these items will res | ult in rejection of the candidate's | | |
| application for certification. | | Cinala subiah analisa balasa | | |
| Hove you may had a contificate reveled or assembled in this | or any state or any invisdiction | Circle which applies below | | |
| Have you ever had a certificate revoked or suspended in this of the United States? If yes, enclose a statement indicating the | | Yes No | | |
| pertinent details. | | | | |
| Have you ever been convicted of a criminal offense in this or any other state or any jurisdiction | | | | |
| outside of the United States? If yes, enclose a statement indic | rating the name of the municipality | Yes No | | |
| where this occurred and provide the pertinent details. | | | | |
| PLEASE COMPLETE SECTIONS ON NEXT PAGE | | | | |

| D . Verification of Accuracy | | |
|--|---|--|
| I certify that all statements and information provided herein are true and accurate. | | |
| Applicant's Signature (in ink) | Date | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Sworn and subscribed to before me this | day of | |
| , 20 | | |
| | | |
| Notary Seal | Notary Signature | |
| Troubly Soul | Trotaly Digitale | |
| | | |
| | OF THE STATE | |
| | | |
| | SEE A | |
| | | |
| | TISETY 40 TOOFFEITY | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Once completed, mail the form to:

New Jersey State Department of Education Office of Licensure and Credentials P.O. Box 500

Trenton, New Jersey 08625-0500

Attention: Non-Citizen Oath of Allegiance